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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *None*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/19/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after		
Verified and Acknowledged	<i>Simon Johnson</i> Examiner's Signature <i>SJ</i> Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
CHINA	9	48	4

## ADDRESS

28319

## TITLE

Multi-modal handwriting recognition correction

FILING FEE RECEIVED 1360	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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